

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application Construction <input type="checkbox"/> Nonconstruction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Nonconstruction <input type="checkbox"/>		2. Date Submitted	Applicant Identifier
3. Date Rec'd by State		State Application Identifier	
4. Date Rec'd by Federal		Federal Identifier I 98910004	
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		RECEIVED SEP 29 2005 STATE CLEARING HOUSE Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): James Maughan (916) 341-5522	
6. Employer Identification Number (EIN): 68-0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u>	
6. D U N S Number: 808321913		A. State H. Independent School District	
8. Type of Application: <u> </u> New <u> </u> X Revision <u> </u> Continuation If Revision, enter appropriate letter(s): <u> </u> A <u> </u> C <u> </u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.419 Title: Water Pollution Control State and Interstate Program Support (106 Grants)		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: To establish and maintain adequate measures for prevention and control of surface and ground water pollution in California.	
13. Proposed Project: Start Date 7/1/2003 End Date 6/30/2008		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING:		16. Is the application subject to review by the State Executive Order (EO) 12372 process?	
a. Federal \$13,958,607		a. YES: <u> </u> X <u> </u> This application/preapplication was made available to the State EO 12372 process for review on: Date: September 29, 2005	
b. Applicant \$0		b. NO: <u> </u> Program is not covered by EO # 12372	
c. State \$17,814,772		<u> </u> Program has not been selected by the state for review.	
d. Local \$0		17. Is the applicant delinquent on any Federal debt?	
e. Other -- USEPA "In-Kind" \$12,226,904		<u> </u> YES, attach explanation <u> </u> X <u> </u> NO	
f. Program Income \$0			
g. TOTAL \$44,000,283			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 28, 2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California Resources Agency		Organizational Unit: Department:		
Organizational DUNS: 02544200 807487277		Division:		
Address: Street: 1416 Ninth Street, Suite 1311		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Mr.	First Name: Christopher	
County: Sacramento		Middle Name Warren		
State: California		Last Name Potter		
Zip Code 95814	Suffix:			
Country:	Email: chris.potter@resources.ca.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0298588		Phone Number (give area code) (916)654-0536		Fax Number (give area code) (916)653-8102
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A. Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 68-479 TITLE (Name of Program): Demonstration of a Non-Regulatory Environmental Outcome		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluating California's "No Net Wetland Loss Policy": Demonstration of a Non-Regulatory Environmental Outcome Wetland Program		
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant D-05 b. Project Entire state (i.e., districts 1 - 53)		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 900,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/26/05		
b. Applicant	\$ 300,000.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 1,200,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Don		Middle Name
Last Name Wallace		Suffix		
b. Title Assistant Secretary for Finance and Administration		c. Telephone Number (give area code) (916) 653-9709		
d. Signature of Authorized Representative <i>Don Wallace</i>		e. Date Signed 6/28/05		

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JUN 29 2005

GMO, PMD-7

Standard Form 424 (Rev. 9-2003)
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PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 09/29/05	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 06SR056332	4. DATE RECEIVED: 09/29/05	GRANT NUMBER:
5. APPLICATION INFORMATION		
LEGAL NAME: Ymca of Greater Whittier DUNS NUMBER: 089884592	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Jerry Laiblin TELEPHONE NUMBER: (562) 907-6345 FAX NUMBER: (562) 698-2275 INTERNET E-MAIL ADDRESS: JLaiblinymca@hotmail.com	
ADDRESS (give street address, city, state and zip code): 12510 E Indley St Suite 203 Whittier CA 90601 - 3942		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951684795	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		<div style="border: 2px solid black; padding: 10px; width: 150px; margin: auto;"> <p style="font-size: 1.5em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 5px 0;">SEP 29 2005</p> <p style="font-size: 1.1em; margin: 0;">STATE CLEARING HOUSE</p> </div>
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP of Greater Whittier	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Downey, Norwalk, La Mirada, Placo Rivers, Santa Fe Springs, Whittier, La Habra, La Habra Heights, Pasadena, Monrovia, Arcadia and other cities in the North San Gabriel Riv		
13. PROPOSED PROJECT: START DATE: 01/01/06 END DATE: 12/31/08	14. PERFORMANCE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE:
a. FEDERAL	\$ 126,100.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
b. APPLICANT	\$ 155,657.00	
c. STATE	\$ 33,000.00	
d. LOCAL	\$ 33,000.00	
e. OTHER	\$ 0.00	
f. PROGRAM INCOME	\$ 89,657.00	
g. TOTAL	\$ 281,757.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Mike Blackmore	b. TITLE: President & CEO	c. TELEPHONE NUMBER: (562) 907-2727
		d. DATE: 09/29/05

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7.03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-27-05	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Shari Lee Jolley		Organizational Unit: Department:	
Organizational DUNS: 605701429		Division:	
Address: Street: 8001 w 2nd st City: Rio Linda Country: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Shari Middle Name: Lee Last Name: Jolley Suffix:	
State: CA	Zip Code: 95673	Email: sharijolley@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 55-2730129		Phone Number (give area code): 916-991-4068	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) m Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-0009		9. NAME OF FEDERAL AGENCY: Small Business Administration	
TITLE (Name of Program): Procurement Assistance To Small Businesses		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Delivery Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Rio Linda, CA b. Project: 5	
13. PROPOSED PROJECT Start Date: current Ending Date: on going		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal: \$ b. Applicant: \$ 50,000 c. State: \$ d. Local: \$ e. Other: \$ f. Program Income: \$ g. TOTAL: \$ 50,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Mrs. First Name: Shari Last Name: Jolley Title: Owner Signature of Authorized Representative: <i>Shari Jolley</i>		Middle Name: Lee Suffix: c. Telephone Number (give area code): 916-991-4068 e. Date Signed: 9-27-05	

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SEP 27 2005

STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-27-05	3. DATE RECEIVED BY STATE	Applicant Identifier
Pre-application Construction Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier
5. APPLICANT INFORMATION		Federal Identifier		
Legal Name: Shan Lee Jolley		Organizational Unit: Department:		
Organizational DUNS: 605701429		Division:		
Address: Street: 6001 w 2nd st City: Rio Linda County: Sacramento State: CA Zip Code: 95673		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Shan Middle Name: Lee Last Name: Jolley Suffix:		
Country: USA		Email: shanslee@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 55-2730129		Phone Number (give area code) 916-991-4068		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) m Other (specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		8. NAME OF FEDERAL AGENCY: Small Business Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-006 TITLE (Name of Program): Business Development		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Delivery Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Rio Linda, CA b. Project		
13. PROPOSED PROJECT Start Date: current Ending Date: on going		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE. b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: Mrs. First Name: Shan Middle Name: Lee Last Name: Jolley Suffix:				
b. Title: Owner				
c. Telephone Number (give area code): 916-991-4068				
d. Signature of Authorized Representative Shan Jolley e. Date Signed: 9-27-05				

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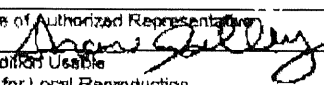
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SEP 27 2005

STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 9-27-05	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Pre-application		<input type="checkbox"/> Construction		
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION				
Legal Name: Shari Lee Jolley		Organizational Unit: Department:		
Organizational DUNS: 805701429		Division:		
Address: Street: 8001 w 2nd st		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mrs. First Name: Shari		
City: Rio Linda		Middle Name: Lee		
County: Sacramento		Last Name: Jolley		
State: CA		Zip Code: 95673		
Country: USA		Email: sharilee9@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 55-2730129		Phone Number (give area code): 916-991-4068		Fax Number (give area code):
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) m Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 55-2730129 TITLE (Name of Program): Business Development Assistance To Small Business		9. NAME OF FEDERAL AGENCY: Small Business Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Delivery Service		
13. PROPOSED PROJECT Start Date: current Ending Date: on going		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Rio Linda, CA b. Project: 5		
15. ESTIMATED FUNDING: a. Federal \$ 00 b. Applicant \$ 50,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 50,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix: Mrs. First Name: Shari Last Name: Jolley		Middle Name: Lee Suffix:		
b. Title: Owner		c. Telephone Number (give area code): 916-991-4068		
d. Signature of Authorized Representative: 		e. Date Signed: 9-27-05		

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier																																																																							
5. APPLICANT INFORMATION																																																																											
Legal Name: Pratt Mutual Water Company			Organizational Unit: Department:																																																																								
Organizational DUNS: 622795896			Division:																																																																								
Address: Street: P.O. Box 598			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Paul																																																																								
City: Tulare			Middle Name																																																																								
County: Tulare			Last Name Boyer																																																																								
State: CA		Zip Code 93275	Suffix:																																																																								
Country: United States			Email: paulb@selfhelpenterprises.org																																																																								
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6079718			Phone Number (give area code) (559) 651-1000 ext. 681		Fax Number (give area code) (559) 651-3634																																																																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)																																																																								
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760			9. NAME OF FEDERAL AGENCY: USDA Rural Development																																																																								
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Matheny Tract, Tulare County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pratt Mutual Water Company Water System Rehabilitation Project																																																																								
13. PROPOSED PROJECT Start Date: June 2006 Ending Date: June 2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21st b. Project 21st																																																																								
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>1,458,000</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td>1,458,000</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			a. Federal	\$									b. Applicant	\$		1,458,000							c. State	\$									d. Local	\$									e. Other	\$									f. Program Income	\$									g. TOTAL	\$		1,458,000							a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
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a. Authorized Representative																																																																											
Prefix		First Name Lenord		Middle Name																																																																							
Last Name Ogans		Suffix		c. Telephone Number (give area code) (559) 723-6580																																																																							
b. Title Board President				e. Date Signed 8-3-05																																																																							
d. Signature of Authorized Representative																																																																											

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED August 11, 2005		Applicant Identifier 04-314	
1. TYPE OF SUBMISSION: Application		Pre-application		3. DATE RECEIVED BY STATE	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: CITY OF ROSEVILLE			Organizational Unit:		
			Department: ENVIRONMENTAL UTILITIES		
Organizational DUNS: 076119643			Division: WATER DIVISION		
Address: 2005 HILLTOP CIRCLE			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: HILLTOP CIRCLE			Prefix: MR.		First Name: DERRICK
City: ROSEVILLE			Middle Name: H.		
County: PLACER			Last Name: WHITEHEAD		
State: CA		Zip Code: 95747		Suffix:	
Country: USA			Email: dwhitehead@roseville.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000409			Phone Number (give area code) (916) 774-5770		Fax Number (give area code) (916) 774-5690
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C - MUNICIPALITY Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program):			9. NAME OF FEDERAL AGENCY: U.S. EPA, REGION 9		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): CITY OF ROSEVILLE, CITY OF ROCKLIN			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CITY OF ROSEVILLE WATER TANK REPLACEMENT PROJECT		
13. PROPOSED PROJECT Start Date: OCTOBER 1, 2004			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4 TH DISTRICT		
Ending Date: JULY 1, 2006			b. Project 4 TH DISTRICT		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$578,100		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$472,991		DATE: September 1, 2005		
c. State	\$		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$1,051,091		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative					
Prefix MR.		First Name W.		Middle Name CRAIG	
Last Name ROBINSON				Suffix	
b. Title CITY MANAGER				c. Telephone Number (give area code) (916) 774-5353	
d. Signature of Authorized Representative 				e. Date Signed September 8, 2005	

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 9/23/05		3. a. DATE RECEIVED BY STATE: 4. a. DATE RECEIVED BY CNCS:	1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction
5. APPLICANT INFORMATION		3.b. STATE APPLICATION IDENTIFIER: 4.b. CNCS GRANT NUMBER:	
5a. LEGAL NAME: The University Corporation, CSU Northridge 5b. ORGANIZATIONAL DUNS: 055752331 5c. ADDRESS (give street address, city, county, state and zip code): 18111 Nordhoff St. Northridge, CA 91330-8232		5d. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Maureen Rubin TELEPHONE NUMBER: (818) 677 - 7395 FAX NUMBER: (818) 677 - 5935 INTERNET E-MAIL ADDRESS: maureen.rubin@csun.edu WEBSITE: http://www.csun.edu/%7Eocls99/	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 1 9 9 2 7 3 2		7.a. TYPE OF APPLICANT: (enter appropriate letter in box) I A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization O. Other (specify):	
8. TYPE OF APPLICATION (Check appropriate box): <input checked="" type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION: <input type="checkbox"/> B. BUDGET REVISION: <input type="checkbox"/> C. NO COST EXTENSION: <input type="checkbox"/> to (enter date) E. OTHER (specify below): <input type="checkbox"/>		7.b. CNS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____ 9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 4 0 1 3 Name of Program: AmeriCorps*VISTA		11. a. TITLE OF APPLICANT'S PROJECT: AmeriCorps VISTA's for the Center for Community Service-Learning at California State University, Northridge 11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): County of Los Angeles CA			
13. PROPOSED PROJECT: START DATE: 11/01/2005		END DATE: 10/31/2006	
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input checked="" type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/> a. FEDERAL \$ 23,702 b. APPLICANT \$ 11,052 c. STATE \$ N/A d. LOCAL \$ N/A e. OTHER \$ N/A f. PROGRAM INCOME \$ N/A g. TOTAL \$ 34,754		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 9/23/05 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO	
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Scott Pérez		b. TITLE: Director of Research	
c. TELEPHONE NUMBER: 818-677-2901		d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: <i>Scott Pérez</i>	
e. DATE SIGNED: 9/23/05			

Modified Standard Form 424- (Rev. 11/02 to conform to the CNCS Grants system)
OMB Control #: 3045-0047

Expiration Date: 03/31/2005



APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

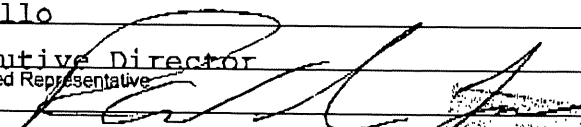
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-27-05		Applicant Identifier	
3. DATE RECEIVED BY STATE		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Shari Lee Jolley		Department:	
Organizational DUNS: 605701429		Division:	
Address: Street: 6001 w 2nd st		Name and telephone number of person to be contacted on matters involving this application (give area code):	
City: Rio Linda		Prefix:	First Name: Shari
County: Sacramento		Middle Name: Lee	Last Name: Jolley
State: CA	Zip Code: 95673	Suffix:	
Country: USA		Email: Sharians9@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [5][9]-[2][7][3][0][1][2][9]		Phone Number (give area code): 916-991-4068	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) M Other (specify):	
8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [5][9]-[0][0][9]		9. NAME OF FEDERAL AGENCY: Small Business Administration	
10. TITLE (Name of Program): Business Development Assistance To Small Business		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Delivery service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Rio Linda, California b. Project 5	
13. PROPOSED PROJECT Start Date: Current Ending Date: Ongoing		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal: \$			
b. Applicant: \$ 50,000			
c. State: \$			
d. Local: \$			
e. Other: \$			
f. Program Income: \$			
g. TOTAL: \$ 50,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		b. Telephone Number (give area code): 916-991-4068	
Prefix:	First Name: Shari	Middle Name: Lee	Suffix:
Last Name: Jolley		c. Date Signed: 9-27-05	
b. Title:			
d. Signature of Authorized Representative: <i>Shari Lee Jolley</i>			

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier <u>05-322</u>	
		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier <u>BF-969489-01-0</u>			
5. APPLICANT INFORMATION					
Legal Name: <u>City of Santa Cruz Redevelopment Agency</u>			Organizational Unit: <u>Municipal</u>		
Organizational DUNS: <u>050515881</u>			Department:		
Address: <u>337 Locust Street</u>			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: <u>Santa Cruz, CA 95060</u>			Prefix: <u>Mr.</u> First Name: <u>Joe</u>		
County: <u>Santa Cruz</u>			Middle Name: <u>Henry</u>		
State: <u>California</u> Zip Code: <u>95060</u>			Last Name: <u>Hall</u>		
Country: <u>U.S.A.</u>			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-6000427</u>			Email: <u>jhall@ci.santa-cruz.ca.us</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision			Phone Number (give area code) <u>831-420-5154</u> Fax Number (give area code) <u>831-420-5151</u>		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) <u>C. Municipal</u>		
Other (specify)			Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>Brownfields Assessment and Cooperation Agreement</u>			9. NAME OF FEDERAL AGENCY: <u>Susanne Perkins, Region IX, EPA</u>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>City of Santa Cruz</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Santa Cruz Brownfields Revolving Loan Fund</u>		
13. PROPOSED PROJECT Start Date: <u>September 2005</u> Ending Date: <u>September 2010</u>			14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>17th</u> b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	<u>1,000,000</u>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>9/23/05</u>		
b. Applicant	\$	<u>200,000</u>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<u>0</u>	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	<u>0</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<u>0</u>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	<u>0</u>			
g. TOTAL	\$	<u>1,200,000</u>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix <u>Ms</u>		First Name <u>Ceil</u>		Middle Name <u>NMN</u>	
Last Name <u>Cirillo</u>				Suffix	
b. Title <u>Executive Director</u>				c. Telephone Number (give area code) <u>831-420-5150</u>	
d. Signature of Authorized Representative 				e. Date Signed	

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JUN 13 2005

GMO, PMD-7

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 8/31/05	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Watts Cinema and Education Center, Inc.		Organizational Unit: Department Wattstar Theatre and Training Center		
Organizational DUNS: 15-910-6843		Division: WCEC		
Address: Street: 10124 S. Broadway, Suite 110-D		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Los Angeles		Prefix: Ms.	First Name: Barbara	
County: Los Angeles		Middle Name: Jeane		
State: California	Zip Code: 90003	Last Name: Stanton		
Country: United States of America		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4548513		Email: wattstar@aol.com		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) N. Other Other (specify) 501 (c)(3) Non-Profit		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-300		9. NAME OF FEDERAL AGENCY: U.S. Dept. of Commerce, Economic Development Administration (EDA)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Watts/Willowbrook Communities; City and County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wattstar Theatre and Training Center		
13. PROPOSED PROJECT Start Date: 4/2008 Ending Date: 12/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 35th District b. Project 35th, 37th and 39th Districts		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,800,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/2/2005		
b. Applicant	\$ 908,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 892,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 3,600,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Ms.	First Name: Barbara	Middle Name: Jeane		
Last Name: Stanton		Suffix:		
b. Title: Executive Director		c. Telephone Number (give area code): (323) 757-7506		
d. Signature of Authorized Representative		e. Date Signed 8-31-05		

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